PTO/SB/21 (05-03)
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are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/700,107 **TRANSMITTAL** Filing Date November 3, 2003 **FORM** First Named Inventor Schwendeman, et al. Art Unit (to be used for all correspondence after initial filing) 1615 **Examiner Name** 

Blessing M. Fubara

Total Number of Pa	ages in This Submission	Attorney Doo	ket Number	22727/04196								
ENCLOSURES (Check all that apply)												
Amendment  Affer  Affer  Affer  Affer  Extension of  Express Aba  Information I  Certified Cop Document(s  Response to Incomplete A	Attached /Reply r Final avits/declaration(s) f Time Request andonment Request Disclosure Statement py of Priority ) o Missing Parts/	Drawing(s)  Licensing-relate Petition Petition to Con Provisional App Power of Attorn	ed Papers  vert to a blication ney, Revocation respondence Addre	After to Company of A Appropriate (Appropriate (Appropria	Group  Deal Con  Appeals of the peal Con  Peal Noti  Prietary  tus Letter  Per Encloratify belover, for  Check in	sure(s) (please						
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Firm or Individual name Signature	Galfee, Halter & Gr	iswold, LLP				Customer Number 24024						
Date March 8, 2006												
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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TRADEN	10 100	Complete if Known									
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/700,1							
FEE TRANSMITTAL				Filing Date	-	November 3, 2003					
	FY 2		▔▐	First Named Inve	entor			deman et al.			
1 01	· · · · ·			Examiner Name		Steven P. Schwendeman et al. Blessing M. Fubara					
Applicant claims small	entity status	. See 37 CFR 1.27	⊢	Art Unit			IVI. Fubara	1			
TOTAL AMOUNT OF PAYN	IENT (\$)	905.00	-		No	1618	106				
TOTAL AMOUNT OF PAYMENT (\$) 905.00 Attorney Docket No.   22727/04196											
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order None Other (please identify):											
Deposit Account De				•				& Griswold			
For the above-identifi	ed deposit	account, the Director	is here	by authorized to:	(check	all that ap	ply)				
Charge fee(s)	indicated be	elow		Charge	e fee(s)	indicated I	oelow, exce	ept for the filing fee			
Charge any additional fee(s) or underpayments of fee(s)											
under 37 CFR WARNING: Information on this	1.16 and 1. form may be	.17 ecome public. Credit ca	ard info	_	•	•		vide credit card			
information and authorization of	on PTO-2038	•			.,						
FEE CALCULATION (AI	I the fees	below are due up	on fili	ng or may be s	subjec	t to a sui	charge.)				
1. BASIC FILING, SEAR											
	FILING	FEES S Small Entity	SEARC	CH FEES Small Entity	EXA	10ITANIN	l FEES <u>Entity</u>				
Application Type	Fee (\$)		ee (\$)	Fee (\$)	<u>Fee</u>		(\$)	Fees Paid (\$)			
Utility	300	150	500	250	200	0 10	0				
Design	200	100	100	50	130	0 6	5				
Plant	200	100	300	150	160	0 8	0				
Reissue	300	150	500	250	600	0 30	0				
Provisional	200	100	0	0	(	0	0				
2. EXCESS CLAIM FEE	S					_		Small Entity			
Fee Description	1 11 70					<u> </u>	ee (\$) 50	<u>Fee (\$)</u> 25			
Each claim over 20 (in Each independent clai			-)				200	100			
Multiple dependent cla		mending Reissues	"				360	180			
• •	Fee	Paid (\$)		<u>M</u>	ultiple Dep	endent Claims					
20 or HP =	Extra Clair 0	<u>ns Fee (\$)</u> x <u> ()</u> =					ee (\$)	Fee Paid (\$)			
HP = highest number of total	•		r	D=14 (ft)							
Indep. Claims - 3 or HP =	Extra Clair 0		Fee I	Paid (\$)							
- 3 or HP = 0 x 0 = HP = highest number of independent claims paid for, if greater than 3.											
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x =											
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)											
Other (e.g., late filing surcharge): Req. for Continued Examination (\$395); 3-mo. extension of time (\$510)											
Other (e.g., rate titing surcharge) Reg. for Continued Examination (\$395); 3-mo. extension of time (\$510)											
SUBMITTED BY		, 1									
Signature Registration No. (Attorney/Agent) 50,627 Telephone 216.622.8895								216.622.8895			
Name (Print/Type) Kristin J. Frost							Date Marc	ch 8, 2006			

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